



RULE 63 (37 C.F.R. 1.63)
INVENTORS DECLARATION FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COMPUTER ALGORITHM FOR AUTOMATIC ALLELE DETERMINATION FROM FLUOROMETER
GENOTYPING DEVICE**

the specification of which (check applicable box(s)):

is attached hereto
 was filed on March 1, 2002 as U.S. Application Serial No. 10/085,142
 was filed as PCT International application No. _____ on _____

and (if applicable to U.S. or PCT application) was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed or, if no priority is claimed, before the filing date of this application:

Priority Foreign Application(s):

Application Number	Country	Day/Month/Year Filed
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I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

Application Number	Date/Month/Year Filed
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I hereby claim the benefit under 35 U.S.C. 120/365 of all prior United States and PCT international applications listed above or below and, insofar as the subject matter of each of the claims of this application is not disclosed in such prior applications in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior applications and the national or PCT international filing date of this application:

Prior U.S./PCT Application(s): Application Serial No.	Day/Month/Year Filed	Status: patented pending, abandoned
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And on behalf of the owner(s) hereof, I hereby appoint CELERA GENOMICS, Attn: Wayne Montgomery, J.D., Vice President, Intellectual Property, 45 West Gude Drive C2-4#20, Rockville, Maryland 20850, telephone number (240) 453-3067 (Customer No. 25748, and to whom all communications are to be directed), and the following attorneys thereof (of the same address) individually and collectively owner's/owners' attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent: Wayne Montgomery, J.D. (Reg. No. 35,016), Rekha Bansal (Reg. No. 36,440), Lin Sun-Hoffman (Reg. No. 47,983), and Justin D. Karjala (Reg. No. 43,704). I also authorize CELERA GENOMICS to delete any attorney names/numbers no longer with the company and to act and rely solely on instructions directly communicated from the person, assignee, attorney, firm, or other organization sending instructions to CELERA GENOMICS on behalf of the owner(s).

1. Signature:	<u>Stephen GLANOWSKI</u>	Date: _____
Residence Address:	Great Falls, MD	Citizenship: <u>US</u>
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
2. Signature:	<u>Jeremy HEIL</u>	Date: _____
Residence Address:	Derwood, MD	Citizenship: <u>US</u>
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
3. Signature:	<u>Emily S. Winn-Deen</u>	Date: <u>May 10, 2002</u>
	<u>Emily S. WINN-DEEN</u>	Citizenship: <u>US</u>
Residence Address:	Potomac, MD	
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
4. Signature:	<u>Ivy A. McMULLEN</u>	Date: _____
Residence Address:	Towson, MD	Citizenship: <u>US</u>
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
5. Signature:	_____	Date: _____
Residence Address:		Citizenship: _____
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
6. Signature:	_____	Date: _____
Residence Address:		Citizenship: _____
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
7. Signature:	_____	Date: _____
Residence Address:		Citizenship: _____
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
8. Signature:	_____	Date: _____
Residence Address:		Citizenship: _____
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	

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TRADEMARK OFFICE

1. Signature:


Stephen GLANOWSKI

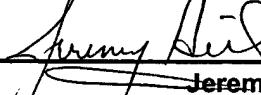
Date: 5/10/2002

Citizenship: US

Residence Address: Great Falls, ~~MD~~ VA

Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850

2. Signature:


Jeremy HEIL

Date: 5/10/2002

Citizenship: US

Residence Address: Derwood, MD

Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850

3. Signature:


Emily S. WINN-DEEN

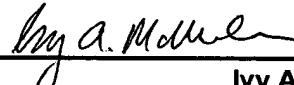
Date: _____

Citizenship: US

Residence Address: Potomac, MD

Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850

4. Signature:


Ivy A. McMULLEN

Date: 5/10/2002

Citizenship: US

Residence Address: Towson, MD

Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850

5. Signature:

Date: _____

Citizenship: _____

Residence Address: _____

Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850

6. Signature:

Date: _____

Citizenship: _____

Residence Address: _____

Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850

7. Signature:

Date: _____

Citizenship: _____

Residence Address: _____

Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850

8. Signature:

Date: _____

Citizenship: _____

Residence Address: _____

Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850